

PUBLIC SERVICE COMMISSION OF WISCONSIN

REQUEST FOR PERMISSION TO PROVIDE TELEPHONIC TESTIMONY

INSTRUCTIONS

Out-of-state landowners and persons with disabilities who were unable to attend one of the public hearings may request permission to provide written or oral testimony telephonically by submitting this form. Forms must be signed by the witness and notarized by a notary public or anyone else authorized to witness signatures. Completed forms may be faxed to the Commission at (608) 266-3957 or mailed to the Commission at its offices at P.O. Box 7854 Madison, WI 53707-7854 c/o Nancy Anthony. **FORMS MUST BE RECEIVED BY THE COMMISSION NO LATER THAN JANUARY 3, 2001.** Individuals who testify telephonically will be called in the order in which the forms are returned.

IN ORDER TO FACILITATE THE PROVISION OF ORAL TELEPHONIC TESTIMONY, PERSONS MAY ATTACH WRITTEN TESTIMONY TO THIS FORM.

Written testimony is limited to five pages. If any of the parties has questions regarding your written testimony, you will be asked to provide oral testimony by telephone on January 16. If you are not available for questions on January 16, your written testimony may be excluded from the record. You will be notified in early January whether any party has clarifying questions regarding your written testimony which will necessitate your providing oral telephonic testimony.

If you have any questions, please contact Nancy Anthony at (608) 266-1261.

PLEASE PRINT CLEARLY

Docket Number and Title 05-CE-113		Hearing Date	
Arrowhead-Weston Transmission Line Project		January 16, 2001	
Name _____		Title _____	
Representing Self <input type="checkbox"/> Employer <input type="checkbox"/> Organization <input type="checkbox"/>			
Employer / Organization Name: _____			
Street, Rural Route Number or P.O. Box Number [Please provide your official United States Postal Service mailing address.] _____			
City _____		State _____	Zip Code _____
Telephone Number _____		Fax Number (optional) _____	Internet Address (optional) _____
Appearing: [Please check one.]			
Undecided <input type="checkbox"/> In Support <input type="checkbox"/> In Opposition <input type="checkbox"/>			

If you wish to testify telephonically at this hearing, please provide the following information.

IF YOU CANNOT CHECK AT LEAST ONE OF THE BOXES "YES", YOU WILL NOT BE CALLED TO TESTIFY.

1. Do you suffer from a disability that prevented you from attending one of the public hearings being held on this proposed project?

Yes ☐

No ☐

2. Do you reside outside of Wisconsin but own land in Wisconsin that may be adversely affected by the proposed project?

Yes ☐

No ☐

If you answered Question 2 "Yes", please provide the address of the property, and identify the town or municipality and the county in which the property is located.:

(Signature of Landowner/Witness)

STATE OF _____

COUNTY OF _____

Signed or attested before me on this _____ day of _____, 200_ by the above named person.

_____, Notary Public.
(Signature of Notary Public)

SEAL

My Commission Expires on _____.